MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)	09/936705	

CLAIMS

Claim	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.	Claim	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2		/					52		/				
3		/					53	/					
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42		/					92						
43		/					93						
44	/						94						
45	/						95						
46		/					96						
47		/					97						
48		/					98						
49		/					99						
50		/					100						
TOTAL IND.	7						TOTAL IND.						
TOTAL DEP.	53						TOTAL DEP.						
TOTAL CLAIMS	55						TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS